OIPE C103

| PECTION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) 02307O-067720US | |
|---|------------|--|----------|
| FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | | |
| Application Number 08/905,508 | | Filed August 4, 19 | 97 |
| For GENETIC ALTERATIONS ASSOCIATED WITH CANCER | | | |
| Art Unit 1634 | | Examiner Jehanne Souaya Sitton | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| · | <u>Fee</u> | Small Entity Fee | |
| One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$_120 |
| Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ |
| Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ |
| Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ |
| Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ |
| Applicant claims small entity status. See 37 CFR 1.27. | | | |
| A check in the amount of the fee is enclosed. | | | |
| Payment by credit card. Form PTO-2038 is attached. | | | |
| The Director has already been authorized to charge fees in this application to a Deposit Account. | | | |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430 . I have enclosed a duplicate copy of this sheet. | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | |
| I am the applicant/inventor. | | | |
| assignee of record of the entire interest. See 37 CFR 3.71. | | | |
| Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). | | | |
| attorney or agent of record. Registration Number 44,879 | | | |
| attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 | | | |
| | 1 11 | Julv | 14, 2005 |
| Signature | <u> </u> | | Date |
| Jean/M. Lockyer, Ph.D., Reg. No. 44,879 | | 415-576-0200 | |
| Typed or printed name Telephone Number | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| Total of forms are submitted. | | | |
| Li total of total of | | | |